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Executive Summary

The Clark County Health Department

Comprehensive planning is essential to promoting a healthy community. Data needs to be assessed to determine immediate needs as well as identify trends. A community approach to addressing the needs is also essential so that ownership is distributed among those responsible for implementation. The Health Department serves in a leadership role to bring key stakeholders from both the public and private sector together to identify the approach needed to see results and assure the opportunity for a healthier community. The resulting plan will be made available to the medical and social service community as well as the community at large. It will be used to direct the vision toward improving the health status of the residents of Clark County.

IPLAN was developed by the Illinois Department of Public Health (IDPH) to meet the requirements set forth in 77 Illinois Administrative Code 600. This administrative code mandates all certified health departments in Illinois conduct an IPLAN process every five years for recertification.

If as a local public health department we are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions. It is with that focus on the residents of Clark County that the following health issues have been identified:

1. Access to Care
2. Mental Health
3. Heart Attack and Stroke

The IPLAN process produces recommendations for change in services and for improvements in functioning. But the implementation of these recommendations requires cooperation with other organizations. This provides an opportunity to improve communications and to collaborate on activities of mutual interest.
Approach

Through the years, increasing attention has been drawn to the fact that we, as a nation, have not applied all that we know to prevent disease, disability, environmental health risks, and premature death. A wide array of research identifies a wide range of problems for which strategies and interventions exist to significantly improve community health status. This recognizes the need for public and private collaboration and emphasizes the importance of community participation, local leadership, and strong intergovernmental relations, and shows the need to plan and evaluate public health efforts on the basis of objective statistical data.

The Illinois Project for the Local Assessment of Needs (IPLAN) is a community health planning process for identifying priority health issues, building local partnerships and addressing identified issues. Community involvement in the IPLAN is vital to ensure community ownership and buy-in.

Once participants were identified, a meeting was held July 13, 2016 to explain what IPLAN is and the process by which health priorities and interventions would be determined. An overview of the identified concerns from the previous IPLAN as well as accomplishment was given. The committee members gave additional time outside of the meetings to prepare for each session. A total of four meetings were held between July and October 2016 to discuss and prioritize the issues.

A full list of committee members is included as Appendix A of this document.

The APEXPH Process

Assessment Protocol for Excellence in Public Health (APEXPH) began in July 1987 as a cooperative project of the American Public Health Association (APHA), the Association of Schools of Public Health (ASPH), the Association of State and Territorial Health Officials (ASTHO), the Centers for Disease Control (CDC), the National Association of County Health Officials (NACHO) and the United States Conference of Local Health Officers (ESCLHO).

APEXPH is a voluntary process for organizational and community self-assessment, planned improvements and continuing evaluation and reassessment. Flexibility is one of the primary features of the APEXPH process. For example, it can involve a large number of staff in a highly structured process or very few people in a less formal approach; either can lead to greater teamwork and improved strategic planning.

The essential elements of the IPLAN through the APEXPH process are:

1. An organizational capacity assessment – It provides for an assessment of a health department’s basic administrative capacity and of its capacity to undertake Part II.

2. A community health needs assessment – Is intended to be a more public endeavor, involving key members of the community as well as department staff in assessing the health of the community and identifying the role of the health department in relation to
community strengths and health problems. It provides for the use of both objective health data and the community’s perceptions of community health problems.

3. A community health plan, focusing on a minimum of three priority health problems.

Strategic Health Issues

The IPLAN Committee met on July 13, 2016 to discuss and identify the top health issues in Clark County. Measuring the health status of a community is a complex process. In order for a true picture of the health of the community to be constructed, a variety of sources were utilized which looked at health indicators, demographic census data, environmental and geographic data, disease statistics, death rates, and self-reported behavioral surveys. By utilizing these data sources, the committee was able to examine not only the biologic, behavioral and environmental factors, but also the social, economic and cultural factors as well.

The strategic health issues selected by the Clark County IPLAN Steering Committee are listed below.

- Access to Care
- Mental Health
- Cardiovascular Disease
Community Served by the Clark County Health Department

Service Area of the Clark County Health Department

For the purpose of the IPLAN the area that the Clark County Health Department serves is defined as the area of Clark County, which includes the communities of Marshall, Casey, Westfield, and West Union. Clark County has a total area of 505 square miles and borders the Illinois counties of Edgar, Crawford, Jasper, Cumberland and Coles as well as the Indiana counties of Vigo and Sullivan.

Demographic Profile

The 2015 population for Clark County is estimated to be 15,979, a 2.2% decline since the 2010 census. Persons under 5 years of age make up 5.9% of the population while persons 65 years and over make up 19% of Clark County residents. Both of these groups have grown since the 2010 census numbers were obtained.

The 2010 United States Census show that the racial makeup of the county to be 98.1% white, 0.3% black or African American, 0.3% Asian, 0.2% American Indian and 0.3% from other races. Latino origin made up 1.1% of the population.

Economic Profile

The 2010 Census Median Household income for Clark County is $43,597 for an individual and $52,689 for a family. About 7.6% of families and 10.9% of the population were below the poverty line, including 15.3% of those under age 18 and 9.8% of those age 65 and over. The Unemployment rate as of December 2016 is 5.9% which is slightly higher than the 5.6% Illinois statewide rate.

Health Coverage

The Illinois Economic Policy Institute has identified significant economic consequences to having a large uninsured population. The uninsured – who are disproportionately poor and young – often go long periods of time without illnesses or injuries before seeking medical treatment due to the high cost of out-of-pocket costs.

The Affordable Care Act (ACA) was fully implemented in Illinois in 2014 after the Supreme Court upheld the constitutionality of the law in 2012. The law was directed primarily at those who could not afford coverage through the workplace, did not have a health insurance plan offered at their workplace, were self-employed, or were unemployed. The Act expanded health care coverage opportunities for most Illinoisans by creating a “marketplace” of easily-accessibly insurance plans. In 2013 17% of Clark County residents were uninsured. By 2015 that number was down to 8%. To further put that in perspective, annual reports show that in 2012 Paris Community Hospital claimed $3.0 million dollars in the amount of financial assistance to self-pay patients. By 2015 that amount was down to $661,868.
Housing

So what does poverty look like in Clark County? According to a report on Illinois poverty by the Social IMPACT Research Center at Heartland Alliance in 2010-2014 81.2% of Clark County families receiving SNAP have 1 or more workers (1). At the heart of the low-income wage earner are those living in apartments and in 2015 the estimate of mean renter hourly wage was $10.80 (1). For 2015 the fair market rent (FMR) for a two bedroom apartment in Clark County was $631 meaning at the Illinois minimum wage it would take 59 hours of work each week to afford a two bedroom apartment at FMR (1).

Federal programs through the U.S. Department of Housing and Urban Development (HUD) do exist to help with rent assistance. Eligibility for a housing voucher is determined by the PHA based on the total annual gross income and family size and is limited to US citizens and specified categories of non-citizens who have eligible immigration status. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family chooses to live. By law, a PHA must provide 75 percent of its voucher to applicants whose incomes do not exceed 30 percent of the area median income. Median income levels are published by HUD and vary by location (2).

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low (50%)</td>
<td>20,300</td>
<td>23,200</td>
<td>26,100</td>
<td>29,000</td>
<td>31,350</td>
<td>33,650</td>
<td>36,000</td>
<td>38,300</td>
</tr>
<tr>
<td>Income Limits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely Low</td>
<td>12,200</td>
<td>16,020</td>
<td>20,160</td>
<td>24,300</td>
<td>28,440</td>
<td>32,580</td>
<td>36,000*</td>
<td>38,300*</td>
</tr>
<tr>
<td>Income Limits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (80%)</td>
<td>32,500</td>
<td>37,150</td>
<td>41,800</td>
<td>46,400</td>
<td>50,150</td>
<td>53,850</td>
<td>57,550</td>
<td>61,250</td>
</tr>
<tr>
<td>Income Limits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.
An affordable apartment search on the HUD websites returns results for four locations designated for families as shown below.

**HUD search results for Clark County Affordable Apartments**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>1 bedroom</th>
<th>2 bedroom</th>
<th>3 bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnolia Properties</td>
<td>201 N Grant Street,</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Martinsville</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marshall Mill Run Apartments</td>
<td>BRR #1 Martinsville</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Clark County Housing Authority</td>
<td>Pearl Street Apartments</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Educational Attainment**

There are three school districts in Clark County (Marshall, Martinsville and Casey-Westfield). Each district has one high school (grades 9-12) and one junior high school (grades 7-8). Marshall has two elementary schools while the other districts each have one.

The 2011-2015 American Community Survey 5-Year Profiles indicate that 90.2% of residents have attained a high school diploma or higher level of education.

**Causes of Death (2015)**

Diseases of the heart – 54

Cancer – 40

Chronic lower respiratory diseases – 18

Kidney Disease – 11

Stroke – 10

Accidents – 7

Influenza and Pneumonia – 5

Diabetes – 3

Alzheimer’s Disease – 2

Septicemia - 1
Health Assessment Data of Primary Service Area

Health Outcomes Rankings for Clark County

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the medical establishment. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Overall Rankings in Health Outcomes

Overall Rankings in Health Factors
Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (County Health Rankings and Roadmaps, 2014).

Clark County is ranked 83rd out of the 102 Illinois counties in the Rankings released for 2016.

Of area of concern is the ranking for premature death where Clark County ranks 83rd of the 102 Illinois counties. Premature death is defined by the County Health Rankings as the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost. The measure is then presented as a rate per 100,000 population and is age-adjusted to the 2000 US Census population numbers.

The Illinois Behavioral Risk Factor Surveillance System (BRFSS) provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services. Established in 1984 as a collaboration...
between the U.S. Centers for Disease Control and Prevention (CDC) and state health departments, the BRFSS has grown to be the primary source of information on behaviors and conditions related to the leading causes of death for adults in the general population.

Secondary data reports and other resources were reviewed for this assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process. Those secondary sources included:

- Kaiser State Health Facts – The Kaiser Family Foundation
- Illinois County Health Rankings – Robert Woods Foundation
- State Cancer Profiles – The National Cancer Institute
- Community Health Status Indicators – U.S. Department of Health and Human Services
Overall Findings and Community Need Priority Ranking

There were several common themes identified from the community perception data and the publically reported statistical data. This indicates that the community is knowledgeable about both the health issues of the community population and the health care provided in the county. Data draws attention to issues common to many small rural communities including:

- The need for coordination among local providers of services for at-risk populations
- The need for increased mental health services
- The need for low income transportation services
- Significant absence of leisure time physical activity

Access to Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Identified as a key part of the Healthy People 2020 project, this topic area focuses on four components: coverage, services, timeliness, and workforce. The committee also looked at how poverty and public misconception over poverty create a barrier in the efficiency to provide services.

Despite a number of advances in Clark County and nationally regarding the basic ability to access a healthcare provider, the members of the IPLAN Committee still consistently ranks this as the largest barrier to community health.

The 2011 Clark County Round 5 of the BRFS reveal that 8.0% of county residents do not have health coverage. 9.9% report being unable to go to a doctor due to the cost and 41.2% have not had a routine checkup within the last year or have never had a checkup.

Cost of care is a common recurring theme as identified below in an excerpt from the 2016 Illinois HFS Access Monitoring Review Plan;

“Like most states, Illinois does not collect reimbursement rates from private health insurance companies. While the Illinois Department of Insurance is charged with regulating private insurance companies doing business in Illinois, their focus is largely centered on the financial solvency of companies. Specific reimbursement rates for medical services are neither collected nor mandated under state law and are generally viewed as confidential and proprietary to the company. In lieu of private sector rate comparisons, when available, Illinois has compared Medicaid rates against Illinois specific Medicare rates, as well as Medicaid rates from other states in Region V. However, we believe that rate comparisons alone are insufficient to effectively measure reasonable access to Medicaid services. While the availability of Medicare data provides the most complete comparison against Medicaid rates, such a direct comparison is misleading. As an 80/20 plan, 20% of a reimbursement rate must also be added before directly comparing to a Medicaid rate. Rather than any direct rate comparison, a more direct measure of access should consider the availability and use of Medicaid enrolled providers, as well as a client’s ability to see quality providers who can address their health
concerns when they need them. In addition to Medicare rate comparisons, Illinois has assessed Medicaid access by considering:

- Client satisfaction surveys changes over time
- The availability of providers and changes over times
- The utilization of services and changes over times

Through this process, Illinois measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access that is comparable to the general population.”

That same report would go one to show that from 2013-2015 the number of Medicaid enrolled Physicians in Central Illinois decreased from 488 to 480 and the number of Medicaid enrolled Dentists increased from 226 to 261.

So comparing Illinois Medicaid rates as a percentage of Medicare reimbursement rates, the Illinois HFS was able to determine that the Medicaid reimbursement rate is about 54%. Compared to the surrounding states this is on par with Indiana, better than Michigan (44%) and worse than Minnesota (71), Ohio (57%) and Wisconsin (58%).

The exception to this rule is found in OB care where Illinois’ payment rates are approximately 85% of Medicare rates for primary care services for the year 2015. This is consistent with a study by The Henry J. Kaiser Family Foundation where it lists Illinois at 85% of Medicare rates for primary care services for the year 2014. (Illinois HFS Access Monitoring Review Plan -2016).

**Mental Health**

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to society.

Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death.

Mental illness is the term that refers collectively to all diagnosable mental disorders.

The 2011 Clark County Round 5 of the BRFS identify 13.3% of the population has a depressive disorder and 16.2% with 8-30 mental health days judged as not good.
Cardiovascular Disease

Heart disease is the leading cause of death in the United States. Stroke is the fifth leading cause of death in the United States. Together, heart disease and stroke, along with other cardiovascular disease, are among the most widespread and costly health problems facing the Nation today, accounting approximately $320 billion in health care expenditures and related expenses annually. Fortunately, they are among the most preventable.

According to the Healthy People 2020 project, the leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Unhealthy diet and physical inactivity
- Overweight and obesity

Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes. It is critical to address risk factors early in life to prevent these devastating events and other potential complications of chronic cardiovascular disease.

The 2011 Clark County Round 5 of the BRFS shows that 4.8% of county residents have been diagnosed with coronary heart disease. 6.1% of residents have already have been told they have had a heart attack and 1.2% have been told they have had a stroke.

Of modifiable risk factors, 33.5% have high cholesterol, 30.8% have high blood pressure, 7.7% have diabetes, 24.4% smoke tobacco, 30.6% are obese and 27.4% do not get regular exercise.
Resources and Barriers

Health Problem: Access to Care

Facilitating access to care is the focus of helping people to command appropriate health care resources in order to preserve or improve their health. Access is a complex concept with the following organizations identified during the IPLAN process as local resources:

1. RIDES Mass Transit
2. Clark County Health Department
3. School Counselors
4. Catholic Charities
5. Choices Pregnancy and Health
6. Sarah Bush Lincoln Health Center
7. U of I Extension Office

Rural communities experience a higher rate of chronic conditions than their urban counterparts. Examples of chronic conditions include heart disease, cancer, chronic respiratory disease, stroke, and diabetes. Rural communities also experience higher rates of mortality and disability than urban communities. Limited access to health promotion and disease prevention programs and healthcare services contribute to these health challenges. Other barriers identified as part of the IPLAN process include:

1. Cost of services and medications
2. Noncompliance with treatment
3. Lack of knowledge of local services
4. Reluctance to comply with age appropriate screenings
5. Busy with work or other commitments
6. Doctor or hospital wouldn’t accept health insurance
7. Fear that health insurance won’t pay for treatment
8. Transportation problems
9. Knowledge of where to go to get services
10. Limited office hours of operations
11. Lack of health literacy

(Appendix B - Health Problem Analysis Worksheet – Access to Care)
**Health Problem: Mental Health**

Mental health issues are far more common than most people realize. According to the U.S. Department of Health and Human Services, 1 in 5 American adults have experienced a mental health issue, and 1 in 25 Americans live with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

1. Human Resources Center of Edgar and Clark Counties
2. School Counselors
3. Clergy
4. Sarah Bush Lincoln Health Center
5. Clark County Ambulance Service
7. Clark County Law Enforcement Agencies
8. Clark County Health Department

Cost of services is often cited or lack of insurance as reasons for not receiving mental health care. In the National Comorbidity Study, for example, 47 percent of respondents with a mood, anxiety, or substance-use disorder who said they thought they needed mental health care cited cost or not having health insurance as the reason that they did not receive care.

Other barriers identified as part of the IPLAN process include:

1. Social stigma
2. Cost of services
3. Noncompliance with treatment
4. Lack of Mental Health Professionals, especially for children
5. Low health literacy for mental health education and awareness
6. Substance abuse
7. Lack of common screening tools
Health Problem: Cardiovascular Disease

Preventive programs and services are important potential influences on heart disease and stroke at a broad community level. Preventive programs and services sometimes focus on a single risk factor for heart disease and stroke. Some examples include programs addressing smoking cessation, weight loss, physical activity, and stress management.

Screening programs for common biomedical risk factors, such as high blood pressure, diabetes, and high cholesterol, can also be considered preventive services, since these programs may identify treatment needs of people who would not otherwise have been diagnosed.

Local resources identified by the IPLAN Committee include:

1. Local Park Districts
2. U of I Extension
3. Clark County Health Department
5. Clark County Ambulance Service
6. Sarah Bush Lincoln Health Center

Many members of the IPLAN Committee felt that expense is an impediment to a healthy lifestyle. Food labeled as ‘organic’ may be substantially more expensive and benefits are often dubious. Processed food may be easier and cheaper to access for people who lack the education and skills to cook from scratch.

Other barriers identified by the committee include:

1. Cost of exercise equipment and programs
2. Motivation to begin and continue exercise program
3. Ease and availability of fast food
4. Lack of family support
5. Failure to follow treatment guidelines
6. Low Health Literacy
7. Denial of illness
8. Side Effects of Medications Interfering with Social Activities
9. Cost of Healthy Foods
10. Obesity
11. Genetics
12. Preferences for unhealthy foods
13. Aversion to physical activity
14. Tobacco use
15. Cost of Medications

(Appendix D - Health Problem Analysis Worksheet – Cardiovascular Disease)
Access to Health Goals and Action Initiatives

**GOAL** - Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

**Impact Objectives**

By 2020 reduce the number of Clark County residents who report no seeking medical care due to cost (Baseline 9.9% 2011 Illinois County BRFS).

By 2020 reduce the percentage of Clark County residents who report no having a routine checkup within the last year. (Baseline 21.2% 2011 Illinois County BRFS).

This goal will be reached by implementing the following:

1. The creation of a common website that allows for an easy search of health related services available in Clark County.
2. Educate local policy makers and business leaders on the issues of poverty through the use of poverty simulation activities.
3. Continue collaboration with public transportation agencies to help meet the changing needs of the ridership in Clark County.

**Anticipated Results**

1. Create a single website that contains the information for health services available in Clark County, thus increasing the utilization of services.
2. Increase the number of policy maker and business leaders who participate in planning and development of programs dealing with local poverty.
3. Increase ridership for local mass transit district.
4. Maximize the use of partner agencies to convey common messages
5. Residents will report knowledge of availability of services.
6. Increase health literacy of Clark County residents.
Mental Health Goals and Action Initiatives

GOAL – Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Impact Objectives

By 2020 reduce the number of Clark County residents who report 8-30 days of mental health not being good. (Baseline 16.2% 2011 Clark County Round 5 Illinois County BRFS)

By 2020 increase the number of Clark County First Responders who have completed mental health first aid training. (Baseline unknown)

This goal will be reached by implementing the following:

1. Increase the number of people who have received mental health first responder training
2. Increase awareness of local available services through media, publications and social media
3. Establish a tracking system for mental health referrals.
4. Continue collaboration with schools and local law enforcement
5. Utilize telemed opportunities to maximize availability of mental health services

Anticipated Results

1. Providers report more efficient referral process.
2. Residents will report knowledge of availability of services
3. Emergency Medical Responders report better training in working with patients in mental health crisis.
4. Increased number of mental health professionals available to community residents.
Cardiovascular Disease Goals and Action Initiatives

**GOAL** – By 2020 reduce coronary heart disease deaths to less than 40 (baseline 54)

**Impact Objectives**

- By 2020 increase the percentage of Clark County residents who have had their blood cholesterol level checked in the last 12 months to greater than 80%. (Baseline 72.8% BRFS).
- By 2020 reduce cigarette smoking by Clark County residents to 20%. (Baseline 24.4%).

This goal will be reached by implementing the following:

1. The Clark County Health Department will continue to support smoking cessation/prevention programs currently offered.
2. Create strategies to utilizing social media for education and promotion of local resources.
3. Continue to provide community programs and screenings.
4. Utilize social media for education and promotion of local resources.
5. Encourage community supported initiatives for healthier lifestyles to increase physical activity and proper nutrition.

**Anticipated Results**

1. Increased public awareness and health literacy of cardiovascular disease.
2. Decrease the number of Clark County residents who identify as Tobacco users.
3. Prevent risk factors for heart disease and stroke
4. Increase detection and treatment of risk factors for heart disease and stroke
5. Increase early identification and treatment of heart disease and stroke
APPENDIX A – IPLAN Team Members

Mary Liz Wright – Nutrition and Wellness Educator – U of I Extension
Ken Polky – Executive Director – HRC
Tiffany Macke – Community Development – U of I Extension
Kelsey O’Rourke – Director – Marshall Area Youth Network
Angel Sanders – Coordinator – Marshall Area Youth Network
Lili Powell – Probation Officer – Clark County Probation Office
Sandra Hammer – Staff RN – Clark County Health Department
Katie Vaughn – Staff Nurse – Clark County Health Department
Lora Pringle – Staff Nurse – Clark County Health Department
Barb Igleheart – Advocate – Catholic Charities
Savannah Perdue – Breast Feeding Peer Counselor – Clark County Health Department
Karrie Cook – WIC Clerk – Clark County Health Department
Cathy Hayden – Administrator – Clark County Health Department
Cheryl Bennett – School Nurse – Martinsville Schools
Cody Vaughn – Environmental Health Director – Clark County Health Department
Barb Reedy – member of the public
Kevin Carpenter – Business Manager – Clark County Health Department
Cali Rice – Client Services Director – Choices Pregnancy and Health
Deb Bright – WIC Clerk – Clark County Health Department
Jeffrey Drake – PR and Marketing – RIDES Mass Transit District
Tina Grooms – School Nurse – Marshall Schools
Jennifer Bishop – Executive Director – Marshall Chamber of Commerce
Tammy Evans – Navigator – Sarah Bush Lincoln Health System
Mary Dunston – School Counselor – Marshall School District
Angie Britt – Supervisor – Cork Medical Center


Wendy Navel – Clinic Manager – Casey Family Medical Clinic
APPENDIX B – ACCESS TO CARE HEALTH PROBLEM ANALYSIS WORKSHEET

HEALTH PROBLEM ANALYSIS WORKSHEET

Health Problem: Access to Care

Risk Factor: Inability to Access Care
  - Direct Contributing Factor: Transportation
  - Indirect Contributing Factor: Cost

Risk Factor: Lack of Providers
  - Direct Contributing Factor: Minimal marketing
  - Indirect Contributing Factor: Medicaid adult dentistry

Risk Factor: Apathy
  - Direct Contributing Factor: Denial
  - Indirect Contributing Factor: Lack of buy-in

Risk Factor: Public Perception
  - Direct Contributing Factor: Preconceived notions
  - Indirect Contributing Factor: Mismarriage

Direct Contributing Factor: Knowledge of Services
  - Indirect Contributing Factor: Agency referrals
  - Lack of single resource

Direct Contributing Factor: Cost of Care
  - Indirect Contributing Factor: Socioeconomic status
  - Laws and Legislation

Direct Contributing Factor: Lack of Health Literacy
  - Indirect Contributing Factor: Fear and rejection of risk
  - Limited parenting skills

Direct Contributing Factor: Lack of health literacy
  - Indirect Contributing Factor: Lack of buy-in

Direct Contributing Factor: Fear and rejection of risk
  - Indirect Contributing Factor: Mismarriage

Direct Contributing Factor: Minimal marketing
  - Indirect Contributing Factor: Medicaid adult dentistry

Direct Contributing Factor: Lack of specialists
  - Indirect Contributing Factor: Medicaid adult dentistry

Direct Contributing Factor: Geographic disparity
  - Indirect Contributing Factor: Medicaid adult dentistry

Direct Contributing Factor: Lack of single resource
  - Indirect Contributing Factor: Medicaid adult dentistry

Direct Contributing Factor: Minimal marketing
  - Indirect Contributing Factor: Medicaid adult dentistry

Direct Contributing Factor: Lack of local facilities
  - Indirect Contributing Factor: Medicaid adult dentistry
APPENDIX D – CARDIOVASCULAR DISEASE HEALTH PROBLEM ANALYSIS WORKSHEET

HEALTH PROBLEM ANALYSIS WORKSHEET

Health Problem: Heart Disease

- Risk Factor: Tobacco Use
  - Direct Contributing Factor: Addiction
    - Indirect Contributing Factor: Nicotine Levels, Excessive Use, Availability of products
  - Direct Contributing Factor: Lack of cessation
    - Indirect Contributing Factor: Inadequate programs, Difficult to quit, Lack of Motivation
    - Indirect Contributing Factor: Peer Pressure, Intensive Marketing, Generational Acceptance

- Risk Factor: Hypertension
  - Direct Contributing Factor: Smoking
    - Indirect Contributing Factor: Stress, Addiction, Lack of Motivation
  - Direct Contributing Factor: High Sodium Diet
    - Indirect Contributing Factor: Low Health Literacy, Cost of Quality Food, Low Quality Foods
  - Direct Contributing Factor: Obesity
    - Indirect Contributing Factor: Physical Inactivity, Low Health Literacy, Poor Diet